



APPLICATION FOR PERMIT

State Form 33 (R4 / 6-90)

Approved by the State Board of Accounts, 1990

CHECK APPROPRIATE BOX

A: TYPE 701 - Brewer, Beer, Wine and Liquor Wholesalers

B: TYPE 702 - Distillery, Rectifier, Winery, Importer

Fee -- \$20.00 for two years. We accept only cashier's check, certified check, or money order.

Applicant's Name	Age	Sex M F	Date of Birth	Height	Weight
Home Telephone Number	Business Telephone Number			Social Security Number	
Street Address	City			State	ZIP code
Representing Agent	Address				

ALL APPLICANTS 25 YEARS OLD AND UNDER MUST ATTACH A COPY OF THEIR BIRTH CERTIFICATE

Do you hold other permits of this type? Yes No If yes, state for whom:	Do you have interest in any other alcoholic beverage permits (<i>Retailer, Dealer, ect. .</i>) Yes No If yes, please explain and give permit number:
Name other Employers (<i>If any</i>)	
Have you ever been convicted of a felony or misdemeanor, or imprisoned? Yes No If yes, please explain.	

APPLICANT'S STATEMENT

The foregoing statements are true and I will comply with the rules, regulations and orders of the commission.		Applicant's Signature
STATE OF _____ SS: COUNTY OF _____ Subscribed and sworn to before me this _____ day of _____, 20_____.		
Notary's Signature	Notary's Name (<i>Typed or Printed</i>)	
Commission's Expiration Date	County of Residence	

EMPLOYER'S STATEMENT

The aforementioned employer, who is the holder of a _____ permit, No. _____, and whose address is _____ hereby certifies that _____ is _____ years old, has resided in the State of Indiana _____ months, has been in the employ of our Company, _____, as _____ and is a person of good moral character. I further certify that I have made a personal investigation of the fitness and character of the applicant, as named above, and recommended a salesnam's permit be granted.	
Name of Employer	Official Position
Name of Company	By:
STATE OF _____ SS: COUNTY OF _____ Subscribed and sworn to before me this _____ day of _____, 20_____.	
Notary's Signature	Notary's Name
Commissioner's Expiration Date	County of Residence